

RIGHT-OF-WAY PERMIT APPLICATION

ROW _____ - _____

- ☐ ROW USE
☐ ROW EXCAVATION



ADDRESS OF ROW ACTIVITY: _____

A. APPLICANT/AGENT INFORMATION APPLICANT/AGENT NAME: _____ APPLICANT/AGENT E-MAIL: _____ ADDRESS: _____ CITY, STATE, ZIP: _____ PHONE NUMBER: _____ FAX NUMBER: _____ EMERGENCY CONTACT: _____ EMERGENCY CONTACT PHONE #: _____ CONTRACTOR COMPANY: _____ CONTRACTOR NAME: _____ LIC. #: _____ LIC. #: _____ COMPANY LICENSE # INDIVIDUAL AGENT # <input type="checkbox"/> EMERGENCY SITUATION <input type="checkbox"/> CERTIFIED UTILITY	D. EXCAVATIONS: # PAVEMENT* EXCAVATIONS : _____ *PAVEMENT INCLUDED: IN OR UNDER CONCRETE, ASPHALT, GRAVEL BERMS # NON-PAVEMENT EXCAVATIONS: _____ E. TRAFFIC CONTROL DEVICES*: * PROVIDING NECESSARY TRAFFIC CONTROL IS YOUR RESPONSIBILITY <input type="checkbox"/> CONES <input type="checkbox"/> ARROWBOARD <input type="checkbox"/> LIGHTED BARRELS <input type="checkbox"/> TYPE 3 BARRICADES <input type="checkbox"/> CONTROLLERS/FLAGGERS <input type="checkbox"/> ILEA OFFICER F. METERS: <input type="checkbox"/> \$18 OR <input type="checkbox"/> \$23 X # OF DAYS = \$ _____ # OF METERS RESERVED/BLOCKED: _____ METER NUMBERS*: _____ *IT IS THE RESPONSIBILITY OF THE APPLICANT TO VERIFY METER NUMBERS BEING RESERVED/BLOCKED
B. WORK DESCRIPTION <input type="checkbox"/> CONTAINER PLACEMENT <input type="checkbox"/> BANNER <input type="checkbox"/> OTHER (EXPLAIN) _____ _____ _____	G. <input type="checkbox"/> DPW* OR <input type="checkbox"/> CEG* PROJECT? PROJECT NAME: _____ PROJECT #: _____ PROJECT MGR.: _____ PROJECT MGR. #: _____ *DPW = DEPARTMENT OF PUBLIC WORKS CEG = CITIZENS ENERGY GROUP
C. AREAS TO BE AFFECTED/USED BY WORK: (LIST # OF LANES/SIDEWALKS/SHOULDERS TO BE AFFECTED BY WORK) AREA 1: STREET NAME: _____ <input type="checkbox"/> PARTIAL CLOSURE <input type="checkbox"/> TOTAL CLOSURE <input type="checkbox"/> SIDEWALK TRAFFIC LANES: _____ PARKING LANES: _____ SHOULDERS: _____ BIKE LANES: _____ CULTURAL TRAIL? <input type="checkbox"/> YES <input type="checkbox"/> NO # OF DAYS: _____ START DATE: _____ END DATE: _____ AREA 2: STREET NAME: _____ <input type="checkbox"/> PARTIAL CLOSURE <input type="checkbox"/> TOTAL CLOSURE <input type="checkbox"/> SIDEWALK TRAFFIC LANES: _____ PARKING LANES: _____ SHOULDERS: _____ BIKE LANES: _____ CULTURAL TRAIL? <input type="checkbox"/> YES <input type="checkbox"/> NO # OF DAYS: _____ START DATE: _____ END DATE: _____	H. INDEMNIFICATION AGREEMENT: ALL PERMIT APPLICATIONS MUST BE SIGNED AND DATED: The petitioner/applicant hereby agrees to hold harmless, defend and to indemnify the Department of Code Enforcement and the City of Indianapolis from or against all claims, action, damages and expenses, including but not limited to reasonable attorney's fees or any alleged injury and/or death to any person or damage to any property arising, or alleged to have arisen out of any act of commission or omission on the part of the petitioner/applicant, his/her heirs, successors, or assigns regardless of whether such acts are the direct or indirect result of the public right-of-way use pursuant to this permit grant. I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE. PRINT NAME: _____ SIGNATURE: _____ DATE: _____
A DETAILED DETOUR ROUTE MAP WITH WRITTEN DIRECTIONS MUST BE SUBMITTED WITH ANY TOTAL ROAD CLOSURE REQUEST. ALL WORK IS TO CEASE, ALL EQUIPMENT REMOVED AND ROADWAY REOPENED TO TRAFFIC OUTSIDE OF THE STANDARD WORK HOURS UNLESS OTHERWISE APPROVED BY THE DEPARTMENT. STANDARD WORK HOURS*: 9 AM TO 3 PM FOR REGIONAL CENTER 8:15 AM TO 4:00 PM FOR THOROUGHFARE 7:00 AM TO 6:00 PM FOR NON-THOROUGHFARE **SPECIAL HOUR REQUESTS SHALL BE NOTED BELOW. ALL SPECIAL HOURS WILL BE REVIEWED PRIOR TO APPROVAL OR DENIAL. SPECIAL HOURS: _____	I. NOTARY* USE ONLY: *NOTARIZE FOR ANY APPLICANT NOT A GENERAL CONTRACTOR. SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE, THIS _____ DAY OF _____, YEAR _____ STATE OF: _____ COUNTY OF: _____ NOTARY PUBLIC: _____ SIGNATURE: _____ MY COMMISSION EXPIRES: _____

FOR INTERNAL USE ONLY:

NOTIFIED? <input type="checkbox"/> IMPD <input type="checkbox"/> SPECIAL EVENTS <input type="checkbox"/> CUL. TRAIL/GEORGIA ST. <input type="checkbox"/> METERS <input type="checkbox"/> ADD CONDITIONS? <input type="checkbox"/> *GRATIS* PERMT?	APPROVED? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A ZONE: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
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REVISED: 03/30/15

PERMIT AMOUNT _____